Γ	Substitute fe	or form 1449A&B/PTO			Complete if Known		
					Application Number	10/578,340	
	INFO	RMATION DIS	CLOS	SURE	Filing Date		
	STAT	EMENT BY A	PPLIC	CANT	First Named Inventor	LAPANASHVILI, Larry	
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ŀ	(Use as many sheets as necessary)				Examiner Name	Not Yet Assigned	
	Sheet	1	of	1	Attorney Docket Number	088790-000300US	

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Examiner Initials*	Cite No. ¹	Document Number Number Kind Code ^{2 (M known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner /Nicole Lavert/ Signature	Date Considered	11/07/2007
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Applicant's unique citation designation number (optional). Applicant is to place a check mark here if English language Translation is attached.